

County: Grant
 HEARTLAND HEALTH CARE CENTER - PLATTEVILLE
 1300 NORTH WATER STREET

Facility ID: 7120

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PLATTEVILLE 53818 Phone: (608) 348-2453

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 100

Total Licensed Bed Capacity (12/31/00): 100

Number of Residents on 12/31/00: 91

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census:

Corporation

Skilled

No

Yes

95

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%	
-----		-----				-----		-----	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	22.0		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	52.7		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years	25.3		
Day Services	No	Mental Illness (Org./Psy)	23.1	65 - 74	12.1		----		
Respite Care	Yes	Mental Illness (Other)	2.2	75 - 84	35.2		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.2	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.2		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	7.7		100.0	(12/31/00)			
Other Meals	No	Cardiovascular	5.5	65 & Over	96.7	-----			
Transportation	No	Cerebrovascular	15.4	-----		RNs	9.9		
Referral Service	Yes	Diabetes	7.7	Sex	%	LPNs	6.6		
Other Services	No	Respiratory	2.2	-----		Nursing Assistants			
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	34.1	Male	30.8	Aides & Orderlies	33.6		
Provide Day Programming for Developmentally Disabled	No		100.0	Female	69.2				
					100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	Total No.
Int. Skilled Care	0	0.0	\$0.00	1	1.7	\$92.10	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1
Skilled Care	4	100.0	\$273.17	53	89.8	\$79.80	0	0.0	\$0.00	28	100.0	\$128.00	0	0.0	\$0.00	85
Intermediate	---	---	---	5	8.5	\$67.49	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0
Total	4	100.0		59	100.0		0	0.0		28	100.0		0	0.0		91

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	6.1	Daily Living (ADL)				
Private Home/With Home Health	12.2	Bathing	3.3	70.3	26.4	91
Other Nursing Homes	3.7	Dressing	15.4	64.8	19.8	91
Acute Care Hospitals	68.3	Transferring	30.8	58.2	11.0	91
Psych. Hosp. -MR/DD Facilities	9.8	Toilet Use	26.4	56.0	17.6	91
Rehabilitation Hospitals	0.0	Eating	48.4	44.0	7.7	91
Other Locations	0.0	*****				
Total Number of Admissions	82	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		4.4	Receiving Respiratory Care	4.4
Private Home/No Home Health	3.4	Occ/Freq. Incontinent of Bladder	59.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	40.9	Occ/Freq. Incontinent of Bowel	28.6		Receiving Suctioning	0.0
Other Nursing Homes	3.4				Receiving Ostomy Care	2.2
Acute Care Hospitals	9.1	Mobility			Receiving Tube Feeding	3.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.1		Receiving Mechanically Altered Diets	13.2
Rehabilitation Hospitals	0.0					
Other Locations	9.1	Skin Care			Other Resident Characteristics	
Deaths	34.1	With Pressure Sores	2.2		Have Advance Directives	18.7
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	88				Receiving Psychoactive Drugs	34.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			100- 199		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	83.7	1.13	86.4	1.10	87.0	1.09	84.5	1.12
Current Residents from In-County	72.5	75.1	0.97	79.8	0.91	69.3	1.05	77.5	0.94
Admissions from In-County, Still Residing	19.5	18.7	1.04	23.8	0.82	22.3	0.87	21.5	0.91
Admissions/Average Daily Census	86.3	152.8	0.56	109.7	0.79	104.1	0.83	124.3	0.69
Discharges/Average Daily Census	92.6	154.5	0.60	112.2	0.83	105.4	0.88	126.1	0.73
Discharges To Private Residence/Average Daily Census	41.1	59.1	0.69	40.9	1.00	37.2	1.10	49.9	0.82
Residents Receiving Skilled Care	94.5	90.6	1.04	90.3	1.05	87.6	1.08	83.3	1.13
Residents Aged 65 and Older	96.7	95.0	1.02	93.9	1.03	93.4	1.04	87.7	1.10
Title 19 (Medicaid) Funded Residents	64.8	65.4	0.99	68.7	0.94	70.7	0.92	69.0	0.94
Private Pay Funded Residents	30.8	23.2	1.32	23.2	1.33	22.1	1.39	22.6	1.36
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	0.7	0.00	7.6	0.00
Mentally Ill Residents	25.3	31.4	0.80	37.6	0.67	37.4	0.68	33.3	0.76
General Medical Service Residents	34.1	23.2	1.47	22.2	1.53	21.1	1.61	18.4	1.85
Impaired ADL (Mean)	46.2	48.9	0.94	49.5	0.93	47.0	0.98	49.4	0.93
Psychological Problems	34.1	44.1	0.77	47.0	0.73	49.6	0.69	50.1	0.68
Nursing Care Required (Mean)	3.2	6.5	0.48	7.2	0.44	7.0	0.45	7.2	0.44